Q 1C 730

SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

PROCESSED

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THOMSON

FINANCIAI

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

JUN 2 1 2005

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Actual

Estimated

SEC USE ONLY
Prefix | Serial

DATE RECEIVED

188100

NOTICE OF SALE OF SECURITIES 209 PURSUANT TO REGULATION D; SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series D Preferred Stock and the underlying Common Stock issuable upon conversion of such Preferred Stock File Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 **Rule 506** Section 4(6) Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Proofpoint, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (408) 517-4710 10201 Torre Blvd, Suite 100, Cupertino, California, 95014 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Same as above Same as above Brief Description of Business System simulation software Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

My

		A. BASIC IDENT	IFICATION DATA		<u> </u>
2. Enter the information requ		•			
		er has been organized with			
Each beneficial own securities of the issue		wer to vote or dispose, or	r direct the vote or dispos	ition of, 10% or	more of a class of equity
 Each executive office 	er and director of	corporate issuers and of co	orporate general and manag	ing partners of pa	rtnership issuers; and
Each general and ma	naging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if i	individual)			 -	
Business or Residence Address	s (Number and St	reet, City, State, Zip Code)			
	•	tino, California, 95014			
Check Box(es) that Apply:	⊠ Promoter	Beneficial Owner	Executive Officer	⊠ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Hahn, Eric	07 1 10		·		
Business or Residence Address 10201 Torre Blvd, S		reet, City, State, Zip Code) tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Crooke, Lisa K.					
Business or Residence Address	s (Number and St	reet, City, State, Zip Code)			
10201 Torre Blvd, S	Suite 100, Cuper	tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Crane, Bill	individual)				
	- Olymphan and St	mand City State 7: Code			
Business or Residence Address		tino, California, 95014	•		
Check Box(es) that	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Apply:					Managing Partner
Full Name (Last name first, if Nall, Christian	individual)				
Business or Residence Address	•				
10201 Torre Blvd, S	Suite 100, Cuper	tino, California, 95014		·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Vaughan, Sandra					
Business or Residence Address	•		•		
		tino, California, 950144	_ <u></u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Ellman, Stuart					
Business or Residence Addres	•)		
10201 Torre Blvd,	Suite 100, Cuper	tino, California, 95014			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTI	IFICATION DATA		
2. Enter the information rec					
		er has been organized with wer to vote or dispose, or		ition of 10% or	more of a class of equity
securities of the issu	er;	·			
		corporate issuers and of co	rporate general and manag	ing partners of par	rtnership issuers; and
Each general and ma		<u> </u>	·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Feiber, Jon	individual)				
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)			
10201 Torre Blvd,	Suite 100, Cupert	tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Harvey, Kevin	individual)				
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)			
10201 Torre Blvd,	Suite 100, Cupert	tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Larson, Bill	individual)				
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)			
		tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if DePaolis, Marcel	individual)				-
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			<u> </u>
10201 Torre Blvd,	Suite 100, Cupert	tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Benchmark Capita					
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)		-	
2480 Sand Hill Ros	ad, Suite 200, Mei	nlo Park, CA 94025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if MDV VII, L.P.	individual)				
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			
3000 Sand Hill Ros	ad, Building 3, Su	ite 290, Menlo Park, CA	94025		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			1850-	
RRE Ventures					·
Business or Residence Addres					
126 East 56 th Stree	t., New York, NY	10022			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTI	FICATION DATA		
	ne issuer, if the issuerner having the po	owing: ler has been organized with wer to vote or dispose, or		ition of, 10% or	more of a class of equity
	•	corporate issuers and of co	rnorate general and manage	ing northers of no	rtnarchin icquara, and
		partnership issuers.	rporate general and manag	ing partners of pa	imership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Meritech Capital I	•				
Business or Residence Addre 285 Hamilton Ave					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Ward, Rob	individual)				
Business or Residence Addre 10201 Torre Blvd,	•	reet, City, State, Zip Code) tino, California, 95014			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Str	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)	Manage Ma		
	(Use blank	sheet, or copy and use add	itional copies of this sheet	, as necessary.)	

]	B. INFOR	MATION	ABOUT O	FFERING					
1.	Has th	e issuer s	sold, or do	es the issu					in this offer ling under U	•			Yes	No ⊠
2.	What i	is the mir	nimum inv	estment th	at will be	accepted fr	om any ind	ividual?				\$ <u>Not</u>	Applic	able
3. Does the offering permit joint ownership of a single unit?								Yes ⊠	No					
	a perso states,	ission or on to be list the:	similar ren listed is ar name of th	nuneration associate e broker	n for solici ed person o or dealer.	tation of p or agent of If more th	urchasers in a broker of nan five (5)	n connection r dealer reg	n with sales istered with be listed ar	of securities the SEC an	or indirectly on the offer d/or with a standard persons of	ing. If state or		
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Busi	ness or	r Residen	ce Address	s (Number	r and Stree	t, City, Sta	te, Zip Cod	e)						
Nam	e of A	ssociated	Broker or	Dealer						· .				
							icit Purchas						☐ Al	1 States
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Full		(Last nar None	ne first, if	individual)									
Busi			ce Addres	s (Number	r and Stree	t, City, Sta	ite, Zip Cod	le)			,			
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[M		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[P A	
[R	I]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[P R	[]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Amount Already Aggregate Offering Price Sold Debt Equity \$2,000,002.35 \$2,000,002.35 ⊠ Common Preferred Convertible Securities (including warrants) \$See above \$See above Partnership Interests \$0 Other (Specify _____) \$0 Total \$2,000,002.35 \$2,000,002.35 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors \$2,000,002.35 Accredited Investors.... \$0 Non-accredited Investors. Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 \$0 Regulation A \$0 N/A Rule 504 N/A \$0 \$0 Total N/A Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs..... Legal Fees 冈 \$To be determined Accounting Fees.

Engineering Fees.....

Sales Commissions (specify finder's fees separately)

Other Expenses (identify _____)....

Total

\$To be determined

□ \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	AND USE OF PROCEE	DS
 b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference "adjusted gross proceeds to the issuer." 	nce is the	\$ 2,000,002.35
Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, fur estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. about 1.5 cm.	rnish an ust equal	
	Payments to Officers, Directors, & Affiliates	
Salaries and fees	S	\$
Purchase of real estate		_
Purchase, rental or leasing and installation of machinery and equipment		□ \$
Construction or leasing of plant buildings and facilities		□ \$
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
issuer pursuant to a merger)		
Repayment of indebtedness		□ \$ ► \$2,000,002,35
Other (specify):	□ \$	∑ \$2,000,002.35
	\$	\$
Column Totals	\$	\$2,000,002.35
Total Payments Listed (column totals added)		\$2,000,002.35
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized per- collowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and its staff, the information furnished by the issuer to any non-acceptated investor pursuant to para	rson. If this notice is fill Exchange Commission, graph (b)(2) of Rule 502.	led under Rule 505, the upon written request of
ssuer (Print or Type) Signatur	Date	
roofpoint, Inc.	June 15, 2005	
Name or Signer (Print or Type) Till of Signer (Rrint or Type)		
Gary Steele President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)